

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520672

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6	1					
7		1				
8		2				
9		2				
10		1				
11	1					
12		1				
13		2				
14		2				
15		1				
16	1					
17		1				
18		2				
19		2				
20		1				
21		1				
22		1				
23	1					
24		1				
25		1				
26		1				
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28		1				
29		6				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	36					
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						